



HIPAA Corner... ..

Evade Vulnerability by Managing Vendor Access to PHI

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Any time a vendor is on your premises, you put patients' protected health information (PHI) at risk. The responsibility of shielding that information from incidental viewing rests squarely on your shoulders.

The security language in the HIPAA privacy rule spells out several ways you need to address overall access to PHI for your work force. The rule does not specifically address vendor access, but it is considered your responsibility to limit vendor access to PHI.

Take security and privacy beyond your front door and look at vendors individually. From transcription companies to cleaning staff, medical suppliers to food providers, assess all contractors to determine the likelihood that they will encounter PHI. Then manage their access needs accordingly through a combination of a contractual agreement, physical and electronic security, and training.

Separate contractors into the following three categories, says **Bill Roach Jr., MS, JD**, partner at McDermott Will & Emery in Chicago:

1. Those with no access to PHI
2. Those with potential incidental access to PHI
3. Business associates that require access to PHI to perform their jobs

Once you group all vendors, review and update preexisting contracts to comply with the current HIPAA regulations. If you don't have an agreement with a vendor that falls into the second or third access category, enter into one immediately, Roach says. However, creating a contract isn't sufficient. Roach advises that you have a contract administrator track those agreements to ensure that your facility regularly updates and renews all the regulatory provisions in the agreements.

Is a Patient Authorization Required Prior to Using or Disclosing Psychotherapy Notes?

Yes. An authorization from the individual is required for uses and disclosures of psychotherapy notes, including for treatment, payment, and healthcare operations. There are limited exceptions when an authorization is not required.

Attorneys from Bricker and Eckler LLP answered this question. See Section 164.508(a) Authorizations for Uses and Disclosures for more information.

ADHS Email Address Changes



Email addresses for all ADHS employees have changed to the following format: LLLLLLF@azdhs.gov where "LLLLLL" is the first 6 characters of the last name and "F" is the first character of the first name. If there are two names that create a duplicate address, a tie breaking character will be used. If you have any questions regarding an employee's correct email address, please contact the employee. Current aliases will stop working at the end of the year, so update your email address books and distribution lists as soon as possible.

RBHA System Testing with ADHS

Anytime there are changes to a (T)RBHA's system, testing with ADHS is strongly recommended. Testing even for minor systems changes will avoid high reject rates in production and troubleshooting time for (T)RBHA and ADHS staff. Consistent high reject rates may cause a (T)RBHA to be placed in test mode until the problem has been resolved. If testing is needed, please contact your assigned (T)RBHA Technical Assistant and they will coordinate the testing with ITS.

Cedar Server and Secure FTP



Once Secure FTP testing has been completed on the Sherman server, file transfers on Cedar (BHSW2K) will be discontinued. Transferring files for pending encounter processing and other projects will be transitioned to Sherman. Please review files on the Cedar server and archive any you wish to keep.

Data Validation Study Updates



The purpose of encounter validation studies is to compare recorded utilization information from a clinical record or other source with submitted encounter data. The review "validates" or confirms covered services are encountered timely, correctly and completely.

ADHS/DBHS has received all RBHA challenges to AHCCCS' preliminary findings for CY20. The Office of Program Support is reviewing all documentation and will compile a unified challenge to AHCCCS by October 27, 2004.

AHCCCS will review the challenge, removing any errors successfully challenged by the RBHAs through ADHS/DBHS. Once the adjustments are made, AHCCCS will release the final error report to ADHS/DBHS, including any sanctions remaining. The final report and any sanctions will be distributed to the appropriate RBHA.

Edit Alerts



An Edit Alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again with the following monthly publication of the Encounter Tidbits.

CORRECTION

Reporting of Ancillary Charges on UBs

In the past few weeks there have been many questions regarding the correct billing of ancillary services on UB claims. DBHS has had meetings with AHCCCS and the following is the correct method to be used when billing inpatient UBs.

Incorrect Billing

If this UB were presented, a failure for CIS pre-processor edit, N228 UB ancillary line with zero units or dollars, would be recorded.

Line	Rev Cd	Units	Billed	NonCovChg	Paid	Description
01	134	5	2960.00	000.00		Psych/3&4 Bed
02	251	1	0.00	000.00		Drugs/Generic
03	301	32	0.00	000.00		Lab/Chemistry
04	302	1	0.00	000.00		Lab/Immunology
05	305	1	0.00	000.00		Lab/Hematology
Total			2960.00		2960.00	

Correct Billing

The providers should bill UBs to the RBHAs exactly as they would bill any private insurance carrier. Ancillary revenue codes, units, and amounts must be reported on all inpatient UBs. The rates reported should not be the contracted amount or the amount the RBHA is expected to pay but the actual amount of the service. The RBHAs will report their contracted amount for the service in the paid field.

Line	Rev Cd	Units	Billed	NonCovChg	Paid	Description
01	134	5	3650.00	000.00		Psych/3&4 Bed
02	251	1	450.00	000.00		Drugs/Generic
03	301	32	400.00	000.00		Lab/Chemistry
04	302	1	150.00	000.00		Lab/Immunology
05	305	1	150.00	000.00		Lab/Hematology
Total			4800.00		2960.00	Total paid for entire claim

Line	Rev Cd	Units	Billed	NonCovChg	Paid	Description
01	134	5	1500.00	000.00		Psych/3&4 Bed
02	251	1	150.00	000.00		Drugs/Generic
03	301	32	200.00	000.00		Lab/Chemistry
04	302	1	150.00	000.00		Lab/Immunology
05	305	1	150.00	000.00		Lab/Hematology
Total			2150.00		2960.00	Total paid for entire claim

Example #1

2300 Loop

CLM*99999999991*4800***11:A:3*Y**Y*Y*****
**N

CN1*02*2960

2400 Loop

LX*1
SV2*124**3650*UN*5~
LX*2
SV2*251**450*UN*1~
LX*3
SV2*301**400*UN*32~
LX*4
SV2*302**150*UN*1~
LX*5
SV2*305**150*UN*1~

Example #2

2300 Loop

CLM*99999999991*2150***11:A:3*Y**Y*Y*****
**N

CN1*02*2960

2400 Loop

LX*1
SV2*124**1500*UN*5~
LX*2
SV2*251**150*UN*1~
LX*3
SV2*301**200*UN*32~
LX*4
SV2*302**150*UN*1~
LX*5
SV2*305**150*UN*1~



Important Information on Corporate Compliance

Health Care Fraud, 18 USC § 1347

Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice -

- (1) To defraud any health care benefit program; or
- (2) To obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program, in connection with the delivery of or payment for health care benefits, items, or services, shall be fined under this title or imprisoned not more than 10 years, or both. If the violation results in serious bodily injury (as defined in section 1365 of this title), such person shall be fined under this title or imprisoned not more than 20 years, or both; and if the violation results in death, such person shall be fined under this title, or imprisoned for any term of years or for life, or both



Important Reminders . . .

AHCCCS - Encounter File Processing Schedule November/December 2004

FILE PROCESSING ACTIVITY	Nov 2004	Dec 2004
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS	Fri 11/05/04 12:00 PM	Fri 12/3/2004 12:00 PM
Work Days for AHCCCS	6	6
Encounter Pended and Adjudication Files Available to Health Plans.	Tue 11/15/2004	Tue 12/13/2004
Work Days for Health Plans	13	17

NOTE:

1. This schedule is subject to change. If untimely submission of an encounter is caused by an AHCCCS schedule change, a sanction against timeliness error will not be applied.
2. Health Plans are required to correct each pending encounter within 120 days.
3. On deadline days, encounter file(s) must arrive at AHCCCS by 12:00 p.m., Noon, unless otherwise noted

“New Day” Drug Encounter Backlog

Currently, there is a backlog of over a year’s worth of “new day” drug encounters. September 2003 drug encounters (Oct 2003 cycle) were the last to be processed in the old format. AHCCCS is targeting 11/1/2004 to start testing with health plans in the new NCPDP format.



Billing Questions

What are our duties, if any, if we believe that one of our business associates or limited data set users has misused our protected health information?

If a covered entity knows of a pattern of activity or practice of the business associate or limited data set users that constitutes a material breach or violation of their contract, a covered entity must take reasonable steps to cure the breach or end the violation.

If such steps are unsuccessful, the covered entity must terminate the contract, if possible, or report the problem to the Secretary of HHS.

Attorneys from Bricker and Eckler LLP answered this question. For more information see Section 164.504(e) Business Associate Contracts, Section 164.514(e) Limited Data Set, and Section 164.530(f) Mitigation.

AHCCCS Encounters Error Codes

Z725 – Exact Duplicate from Different Health Plans

Encounters are pending because at least one claim was found in the system from another health plan matches the pended claim. These claims need to be researched by both health plans’ to determine the cause for the exact duplicate. Each health plan must work together to resolve the issue and decide who should receive payment for the service. Your assigned technical assistant is available to help you with your research.

P330 – Provider Not Eligible for Category of Service on Service Date

Review all pertinent fields and relevant data on the encounter. The most common error is an inappropriate procedure code. Review the AHCCCS PMMIS Encounter/Claims screen PR035 Categories of Service and PR090 Provider Profile for appropriate data. If the problem cannot be resolved, contact the appropriate technical assistant.

Z720 – Exact Duplicate Found

Encounters are pending because at least one claim was found in the system that matches the pending claim. These claims need to be researched by the RBHA’s to determine the cause for the exact duplicate. Multiple units of service for the same client on the same day need to be combined into one encounter.

Z720 – Exact Duplicate Found	13,006
Z725 – Exact Duplicate from Different Health Plans	5,191
P330 – Provider Not Eligible for COS on Service Date	2,501
Total	20,698



These errors account for 77.65% of the pended encounters at AHCCCS.

Office of Program Support Staff

If you need assistance, please contact your assigned Technical Assistant at:

Michael Carter	Excel NARBHA	(602) 364-4710
Eunice Argusta	CPSA-3 CPSA-5 Gila River Navajo Nation Pascua Yaqui	(602) 364-4711
Javier Higuera	PGBHA Value Options	(602) 364-4712

**Did You Know ???****User Access Request Forms**

The Office of Program Support Services must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form and User Affirmation Statement to Stacy Mobbs at (602) 364-4736.

For questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at smobbs@hs.state.az.us.
